PRINTING REQUEST

SAN BERNARDINO COUNTY 909.387.2040 PRINTING SERVICES - 0750

909.397.2644

Ticket N	0.		

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☐ Black Ink	Full Color		THIS IS A:	REORDER	REVISION	☐ NEW O	RDER	QUOTE	
Name, Delivery Address			or			or Call for Pickup:		Quote #	
Cost Center		Internal Order			WBS	WBS			
Contact Person, Phone/Ext.		Mail Code Dept/U		Dept/Unit			Order Date		
Item/Form No./Title				Revision Date	No. of Pages	No. of Pages		No. of Copies	
PRINTING INSTRUCTI	ONS				Required	l Date:			
Finished Size 8½" X 11" 8½" X 14" 3" X 5" 4" X 6" 5" X 8" 5½" X 8½" Other: Stock Bond 100# Text Gloss Card Matte Gloss Env:	Paper Color White Astrobrite: Blue Buff Canary Cherry Goldenrod Gray Green Ivory Orchid Pink Salmon Tan Match attache	d sample	Tur Banno Pap Gro Poste Dar Print File Graph Graph Photo	sided ad-to-Head mbled er (size): oper ommets r (size): unt minate es Ready (no graphics k/USB Drive e transmitted to: nics Only ography	_	2 Hold	e Punch Punch O		
2-part (v	vhite, canary) vhite, pink) vhite, canary, pink) ersonal knowledge that th	☐ 5-part	(white, canal (white, green (white, blue,	ry, pink, goldenrod) , canary, pink, golde green, canary, pink,	goldenrod)	☐ CFB☐ CF/CE	RED PRIOR T	O PRINTING	
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FOR PRINTING SERVICES USE ONLY	Approved by Printing Manage	er					Date		